

The Pediatric TEAM (Training, Education, Assessment, and Management of Delirium) Program: an interprofessional collaboration in the critical care setting

Sarah Edwards¹, Shari Simone², Sean Pustilnik³, Linda Kyle Walker⁴, Allison Lardieri⁵

^{1, 3, 4}University of Maryland School of Medicine, Baltimore, MD, USA

²University of Maryland School of Nursing, Baltimore, MD, USA

⁵University of Maryland School of Pharmacy, Baltimore, MD, USA

Description

Purpose: To utilize interprofessional expertise to improve staff/trainees' knowledge of pediatric delirium and to implement universal screening, enhance systematic detection and standardize delirium treatment in the pediatric intensive care unit (PICU).

Background: Delirium is neuropsychiatric syndrome characterized by a waxing and waning level of alertness and is associated with cognitive impairment and psychiatric symptoms. Despite increasing evidence of delirium in critically ill children, it remains under recognized leading to higher morbidity and mortality rates (Turkel et al., 2013). Given the complexity of delirium care, no one health care profession can adequately meet the patient's needs and an interprofessional collaborative (IPC) approach is essential.

Description of Program: Experts in pediatrics, pharmacy, nursing, and child psychiatry developed a delirium clinical practice guideline and treatment algorithm to be used in the PICU. The protocol involves universal pediatric pain/sedation screening along with an evidence-based delirium screening tool, the Cornell Assessment of Pediatric Delirium (Silver et al., 2012). The treatment algorithm includes non-pharmacological and pharmacological management. Staff received initial training sessions and participate in monthly case conferences.

Results: Over the past 6 months, 559 patients have been screened for delirium and 120 cases identified. The incidence rate was 21.5% with 10 cases receiving pharmacological treatment. Staff/trainees' qualitative feedback indicate an increase in their knowledge of delirium and confidence treating delirium.

Conclusion: An IPC approach to pediatric delirium which uses a clinical practice guideline and treatment algorithm is effective in advancing knowledge of pediatric delirium among staff/trainees as well as increasing the rates of delirium screening, detection and treatment.

Relevance to interprofessional education and practice: This project is an IPC which uses effective teamwork and learning across disciplines in order to improve quality care. IPE activities increased participants' knowledge of delirium and also enhanced awareness of the roles and contributions of the different disciplines.

Learning Objectives:

After a review of the poster, conference participants should be able to:

1. Describe an innovative collaborative practice for pediatric delirium used in a pediatric intensive care unit.
2. Discuss components of the pediatric delirium clinical practice guideline
3. Identify non-pharmacologic and pharmacologic treatments used in the delirium treatment algorithm.